In re	Christine Dloughy		Case No.	09-23193	
		Debtor(s)			

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DE		OUSE		
Widowed	RELATIONSHIP(S): BROTHER	AGE(S): 47			
Employment:	DEBTOR	_	SPOUSE		
Occupation	LPN, Manager of Medical Records				
Name of Employer	Northern Manor				
How long employed	19years				
Address of Employer	Multi Care Center Inc 199 N Middletown Rd Nanuet, NY 10954				
	age or projected monthly income at time case filed)		DEBTOR		POUSE
	ry, and commissions (Prorate if not paid monthly)	\$	5,117.00	\$	N/A
2. Estimate monthly overtime		\$	0.00	\$	N/A
3. SUBTOTAL		\$	5,117.00	\$	N/A
4. LESS PAYROLL DEDUC	CTIONS				
a. Payroll taxes and soc	ial security	\$	1,122.00	\$	N/A
b. Insurance	·	\$	130.00	\$	N/A
c. Union dues		\$	0.00	\$	N/A
d. Other (Specify):	-	\$	0.00	\$	N/A
		\$	0.00	\$	N/A
5. SUBTOTAL OF PAYROL	LL DEDUCTIONS	\$	1,252.00	\$	N/A
6. TOTAL NET MONTHLY	TAKE HOME PAY	\$	3,865.00	\$	N/A
7. Regular income from oper	ation of business or profession or farm (Attach detailed statement	s	0.00	\$	N/A
8. Income from real property	- · · · · · · · · · · · · · · · · · · ·	\$	0.00	\$	N/A
9. Interest and dividends		\$	0.00	\$	N/A
dependents listed above		at of \$	0.00	\$	N/A
11. Social security or govern	ment assistance	ф	0.00	ф	NI/A
(Specify):		,	0.00	\$	N/A N/A
12. Pension or retirement inc	noma.	,	0.00	\$	N/A N/A
13. Other monthly income		Φ		Φ	
(Specify):		,	0.00	\$	N/A N/A
		φ_	0.00	φ	IN/A
14. SUBTOTAL OF LINES	7 THROUGH 13	\$	0.00	\$	N/A
15. AVERAGE MONTHLY	INCOME (Add amounts shown on lines 6 and 14)	\$	3,865.00	\$	N/A
16 COMBINED AVERAGE	E MONTHI V INCOME: (Combine column totals from line 15)		\$	3,865.00	1

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

May be recieving Survivor's Pension- pending application approval

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SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - $\mathbf{AMENDED}$

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comp expenditures labeled "Spouse."	lete a separate	e schedule of
1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,488.00
a. Are real estate taxes included? Yes No _X_	· -	
b. Is property insurance included? Yes No _X_		
2. Utilities: a. Electricity and heating fuel	\$	296.00
b. Water and sewer	\$	10.00
c. Telephone	\$	85.00
d. Other cable, internet and telephone	\$	119.04
3. Home maintenance (repairs and upkeep)	\$	0.00
4. Food	\$	300.00
5. Clothing	\$	0.00
6. Laundry and dry cleaning	\$	0.00
7. Medical and dental expenses	\$	10.00
8. Transportation (not including car payments)	\$	100.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	0.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	58.00
b. Life	\$	57.00
c. Health	\$	0.00
d. Auto	\$	210.00
e. Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) Property Taxes	\$	621.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	317.00
b. Other	\$	0.00
c. Other	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other	\$	0.00
Other	\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	3,671.04
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:20. STATEMENT OF MONTHLY NET INCOME	_	
A 11 ' C Y: 15 CG 1 11 Y	\$	3,865.00
a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above	\$ *	3,671.04
c. Monthly net income (a. minus b.)	\$ 	193.96
in the means (at things of)	Ψ	